Senator Mike Gloor
Multi-payer patient-centered medical home stakeholder group
Meeting date: Tuesday, October 24, 2016, 2 p.m. to 4 p.m. CT
Meeting place: *Room 1524, State Capitol,* Lincoln, Nebraska
Senator Gloor's office phone: 402-471-2617
Conference Call Number: **(888) 820-1398;** Attendee Code: 1971560#

Attendees:
Senator Mike Gloor
Senator Sue Crawford
Dr. Robert Wergin
Dr. Don Darst
Dr. Bob Rauner, Healthy Lincoln
Dr. Tony Sun, United HealthCare
Dr. Deb Esser, BCBS
Bryson Bartels, NDHHS
Deb Stoltenberg, Ofc of Rural Health
Robert Bell, NE Dept. of Insurance
Dale Mahlman, NMA
Jina Ragland, NMA
Ronald Childress, PHL
Amy Behnke, HCAN
Annette Dubas, NABHO
Tammy Reigle, Boone Co. Health
Pat Lopez, Public Health Assoc.
Dawn Ballosingh, NDA
Margaret Buck, Sen. Gloor's office
Senator Merv Riepe
Dr. Lisa White, NE Medicaid
Dr. Steve Lazoritz
Scott Jansen
Dr. Ken Shaffer, Uninet
Jolene Huneke, SERPA ACO
Margaret Brockman, Ofc of Rural Health
Ann Larimer, Ofc of Rural Health
Elizabeth Simon, NAFP
Will Moliter, WellCare
Justine O'Neil-Hedlund, ENHANCE
Matt Milam, United HealthCare
Jennifer Allen, Nebraska Total Care
Elizabeth Hurst, NHA
Joni Cover, Nebraska Pharmacy Assoc.
Brad Hove, BCBS
Tim Easton, Nebraska Total Care
Charlene Dorcey,NDA

Senator Gloor welcomed everyone and read the anti-trust statement.

Senator Gloor reviewed the facts surrounding his being term limited and the need to find a "home" for PCMH after he is no longer a Senator. He also reviewed the letter received from NDHHS stating that they would provide a location and administrative support for the effort. Senator Kolterman, Senator Crawford and Senator Reipe will remain involved but eventually they will also be termed out so a longer-term solution is being sought for leadership of the Stakeholder group and to advise the Senators who are involved. Senator Gloor conferred with the original members of the Medicaid PCMH Pilot Advisory Council. They suggested the Nebraska Medical Association. Dr. Bob Wergin spearheaded the effort to discuss this with the NMA and volunteered to chair a task force of the NMA that would provide the leadership for the PCMH Stakeholder group.

Dr. Wergin talked about the meeting of the original advisory council members and the concern about maintaining the momentum of the Medicaid pilot and the PCMH Stakeholder group. He stated Medicare's Quality Payment Program is also creating momentum for patient centered care

and value based reimbursement. He feels the work of the Stakeholder group is in alignment with the national momentum that starts with PCMH and moves to accountable communities. He stated that to move forward we need primary care, specialty care, payers and law makers to collaborate. The NMA has agreed to form the task force.

Senator Gloor pointed out for new attendees that the Agreement is a voluntary organization. But, he stated, to maintain the ability to collaboratively discuss health care reform there does need to be a basic structure and organization. He thanked the six physicians that were on the original Medicaid PCMH Advisory Council who have put many hours into this effort and remain engaged.

Senator Gloor presented the 2017 PCMH Agreement and highlighted the changes: It is on Senator Kolterman's letterhead. It is a continuation for one more year. The effective date is January 1, 2017 to December 31, 2017. Added to the standard section is The Compliance Team. Added to the signature section is Senator Kolterman as the main legislator involved, and the new Medicaid Managed Care companies, Nebraska Total Care and WellCare of Nebraska.

There is NO change or addition to the definition of PCMH. Last year's discussion included a question of whether it should remain physician led or should we include independent practice APRNs. However, that issue is not addressed in the 2017 Agreement and the language remains physician led.

Dr. Lazoritz addressed a question about quality measures to Dr. White, the Medicaid Chief Medical Officer, suggesting that Medicaid use the quality measures approved with this Agreement. He also requested a clarification in the Agreement language that health insurers includes managed care organizations.

Dr. White responded that she will not be making the decisions on performance improvement projects but that the Medicaid committees, particularly the quality committee, will address the measures. She invited attendees to contact Medicaid to volunteer for the committee. She stated that they want a wide variety of stakeholders involved to improve patient health outcomes, to align goals and to be helpful to patients and physicians.

Dr. Lazoritz pointed out that Medicaid and PCMH stakeholders need to start on 2018 health outcomes in early 2017 due to the integration of behavioral health and the lack of behavioral health measures in the Agreement.

Dr. Rauners stated that there will be up to eight ACOs in Nebraska next year and that ACO quality measures have been used for years in Nebraska. That experience should be a resource when deciding on measures for Medicaid.

Dr. White offered that CMS will be looking at standardization of Medicaid usage of quality measures and she wants to remain a voice in that process. Dr. Wergin complimented the stakeholder group in being ahead of the curve on quality measures and talked about the confusion providers are feeling in the many changes that are happening in health care.

Senator Gloor suggested a change in the language to clarify that insurance companies includes managed care companies.

Dr. White agreed to sign the Agreement on behalf of Medicaid.

Matt Milam asked about The Compliance Team and who they are. Margaret Buck offered that TCT is a national accrediting organization that has worked with mostly rural health clinics that has added a PCMH accreditation to their list of recognition program. Representatives of TCT made a presentation at the last two meetings. Margaret Brockman stated that TCT is in the process of getting recognition as an accrediting entity by the national ACO organization. The suggestion was made to clarify that the standards accepted by our Agreement from TCT is only their PCMH standards.

Dr. Bob Rauner gave a presentation on a third party contractor that can measure quality in health care. Oklahoma uses this contractor in My Health Oklahoma. Multiple sources are correlated to give a more complete set of data to providers and better comparisons of quality for payers. Presentation attached. Dr. Rauner stated that one of the main reasons for this stakeholder group to stay viable is to be able to pull this together in the future because SIM and CPC grants will be offered again. This group could still be that trusted third party entity that could be used to correlate this data but we would need to find the funding to support it.

Dr. White brought into the discussion, the possibilities of the data analytics that Nebraska Medicaid is trying to bring to the state and whether that could be a vehicle for such a collaboration. Dr. Lazoritz and others voiced the thought that NeHII could become a source for this type of data analytics. Dr. Rauner stated that NeHII is connected to the hospital systems but not yet with the clinics. Dr. Darst stated that his clinic downloads data for ACO participation and it seems that NeHII should be able to attain this capability but it might take the State to require it. Scott Jansen added that if the payers could agree on a system and reporting mechanism the clinics would support it as well. Margaret Brockman offered that through the office of rural health there is some grant funds available to help small hospitals and clinics to connect to NeHII.

Dr. Tony Sun requested that NeHII be invited to this Stakeholder group meeting to give an update.

Margaret Buck and Margaret Brockman presented information on the upcoming Milbank Memorial Fund meeting in Detroit focusing on CPC+ initiatives that Nebraska has been invited to. This meeting is a collaborative of states with multi-payer structures. They will report back to the Stakeholder group after the meeting. Dr. Wergin talked about the positive results reported from the CPCI initiative, stating that CPC+ is a streamlined version of CPCI.

Margaret Brockman spoke about a research grant Dave Palm at UNMCs College of Public Health has to survey and interview clinics to find if they are a PCMH, if clinics are working on health care transformation and what level of transformation the clinics might be at. It will be sent out through the Health Tracking System at the CPH to clinics yet this fall with a report next spring. Meeting adjourned.

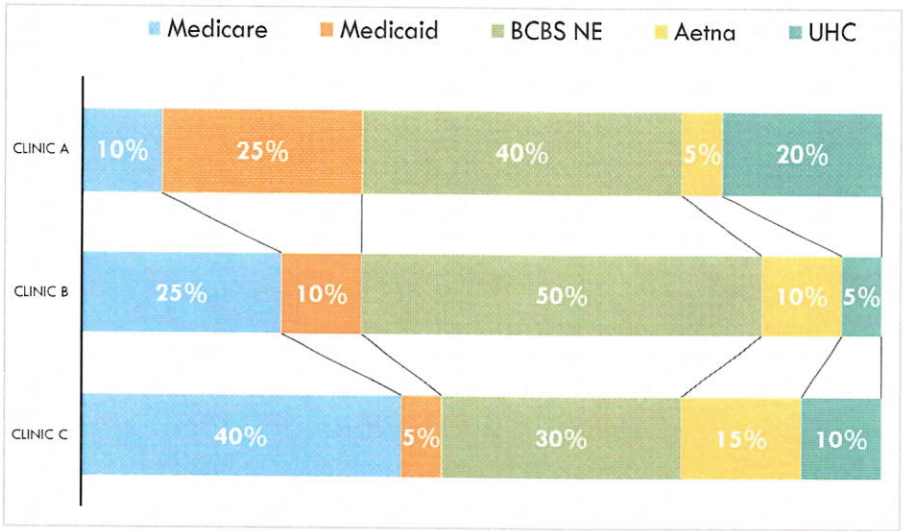
Nebraska Multi-Payer PCMH Committee

OCTOBER 24, 2016

Bob Rauner, MD, MPH, FAAFP

$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

Clinic Quality Data



Health History

Jane Doe

Patient at Cornhusker Medical Clinic

Date	Event	Outcome/Result	Location	Insurance
8/1/2016	Hemoglobin A1c	8.9%	CMC	Commercial Plan 2
8/1/2016	Blood Pressure	152/80	CMC	
7/16/2016	ER Visit	Diagnosed with URI, prescribed antibiotic	Kansas Hospital	
10/2/2015	Flu Vaccination		Local Drugstore	
9/12/2015	Mammogram	Normal	OB-GYN Office	
8/15/2015	Hemoglobin A1c	11.5%	CMC	Commercial Plan 1
8/15/2015	Blood Pressure	133/70	CMC	
6/14/2013	Colonoscopy	Normal	Surgical Center	

CMC Electronic Medical Record View

Health History

Jane Doe

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Commercial Plan 2 View

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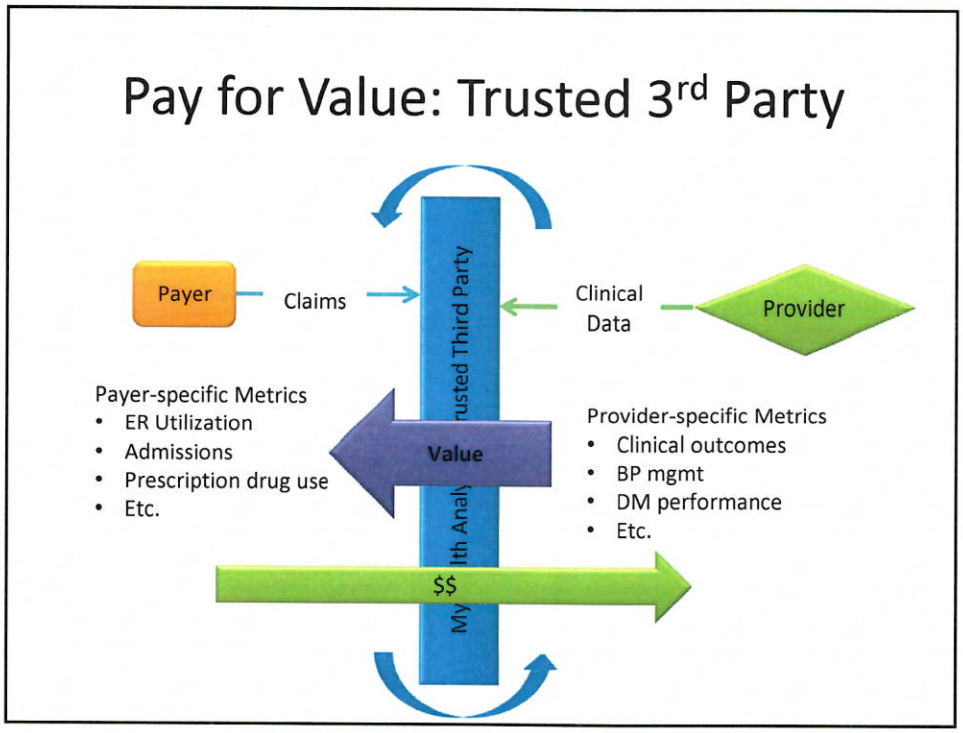
Pay for Value: Trusted 3rd Party
Payer
Claims
Clinical Data
Provider
Payer-specific Metrics
• ER Utilization
• Admissions
• Prescription drug use
• Etc.
Value
Provider-specific Metrics
• Clinical outcomes
• BP mgmt
• DM performance
• Etc.
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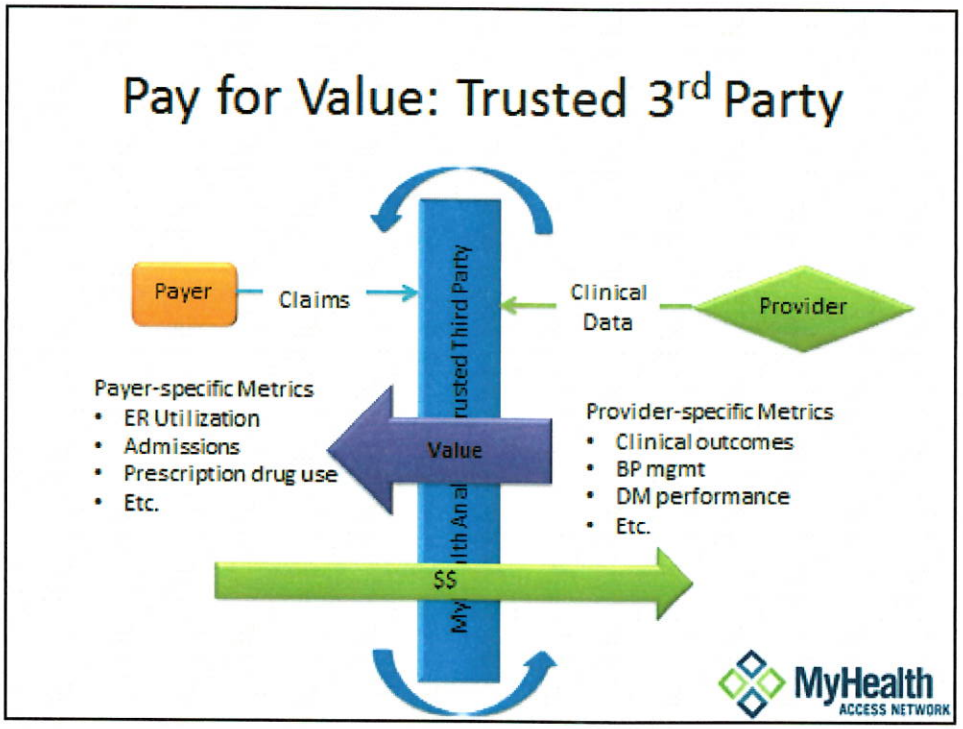
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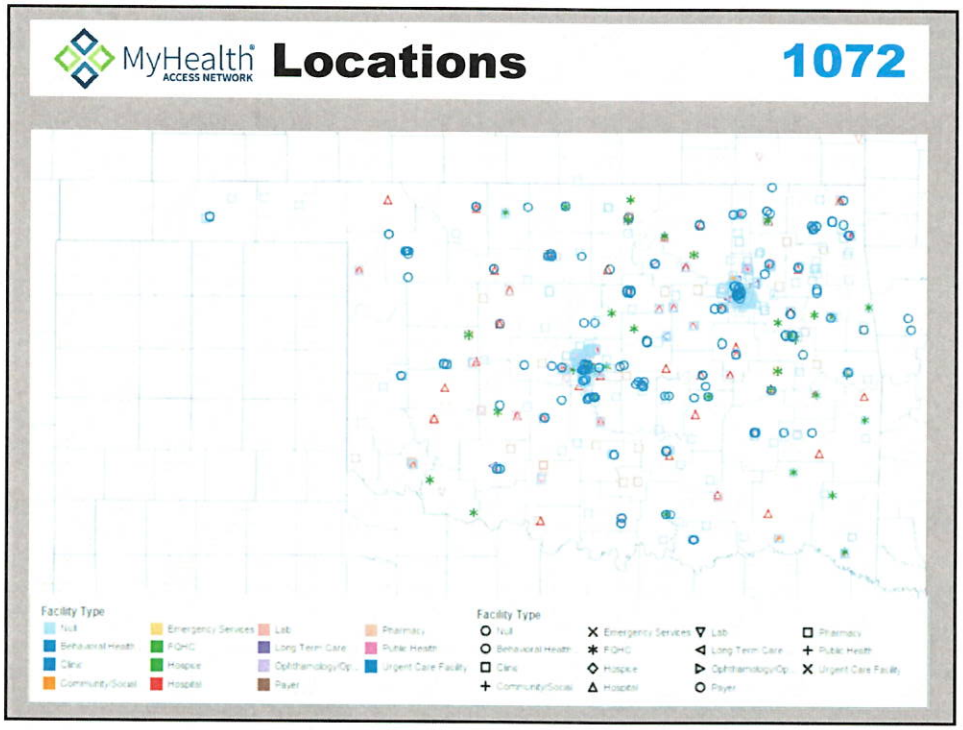
MyHealth ACCESS NETWORK



CPC Medicare Advantage Cost Impact

- Cost impact over first 2 years of program:

Category	CPC 2 year cost savings
Admissions for COPD	-27.4%
Admissions for CHF	-13.7%
Lab Costs	-25.2%
Imaging Costs	-47.7%
High Tech Imaging	-46.6%
Outpatient Costs	-32.1%
Hospital Admissions	-10.4%
30-day Readmission Rate	-9.3%
Total Medical Allowable	-13.7%

MyHealth ACCESS NETWORK

MyHealth: Leadership and Funding

- Leadership From Multiple Entities
  - Oklahoma DHHS
  - Insurers
  - Providers
- Funding
  - Beacon Community Grant
  - State Innovation Model Grant
  - CPC – Comprehensive Primary Care Initiative

"80% by 2018"

NATIONAL Colorectal Cancer ROUNDTABLE

EIGHTYBY2018 SCREENING SAVES LIVES Reaching 80% screened for colorectal cancer by 2018

Colorectal Cancer Facts & Figures 2014-2016

Colorectal Cancer Screening* Prevalence (%) among Adults Age 50 Years and Older by State, 2012

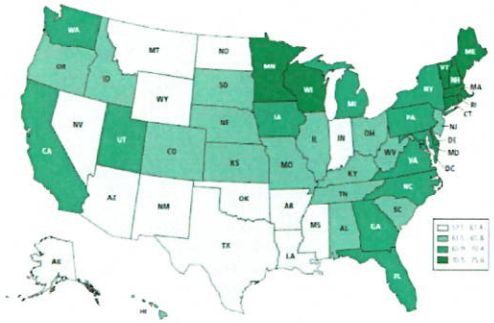
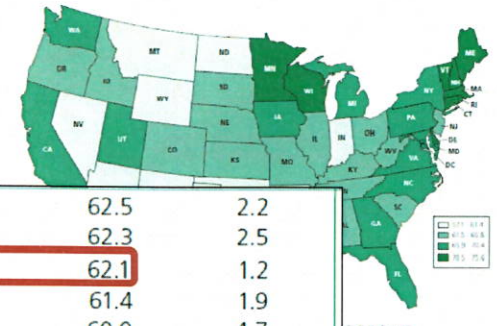


Table 5. Colorectal Cancer Screening* Prevalence among Adults Age 50 Years and Older by Race/Ethnicity and State, 2012

	All races combined			Non-Hispanic White			Non-Hispanic Black		
State	Rank	%	± 95% CI	Rank	%	± 95% CI	Rank	%	± 95% CI
Massachusetts	1	75.6	1.2	1	76.9	1.2	13	66.1	6.2
New Hampshire	2	74.7	1.7	4	74.5	1.7		†	–
Rhode Island	3	73.0	2.0	2	75.2	1.9		†	–
Maine	4	73.0	1.3	7	73.6	1.4		†	–
Wisconsin	5	72.1	2.4	8	73.3	2.4		†	–

Colorectal Cancer Facts & Figures 2014-2016

Colorectal Cancer Screening* Prevalence (%) among Adults Age 50 Years and Older by State, 2012



Illinois	36	62.5	2.2
Idaho	37	62.3	2.5
Nebraska	38	62.1	1.2
Louisiana	39	61.4	1.9
Indiana	40	60.9	1.7

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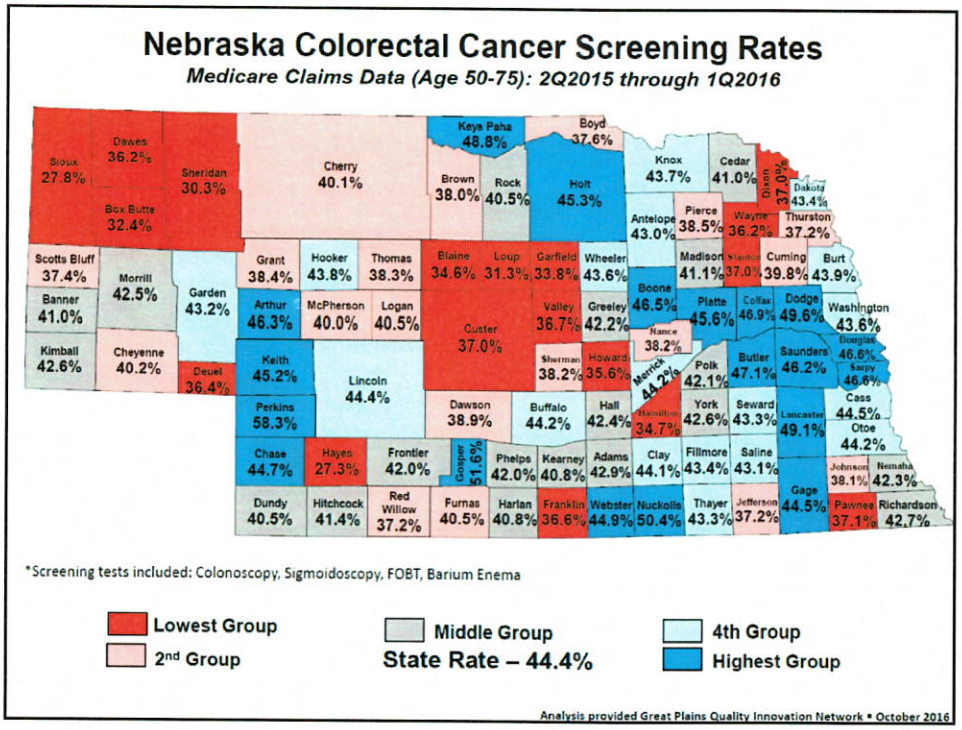
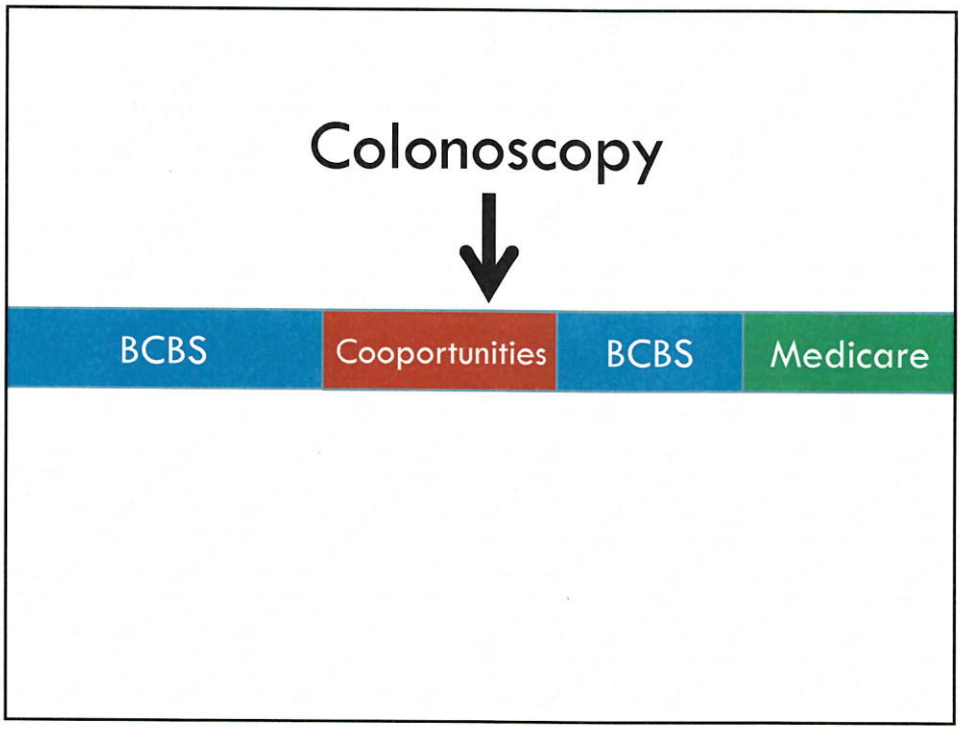
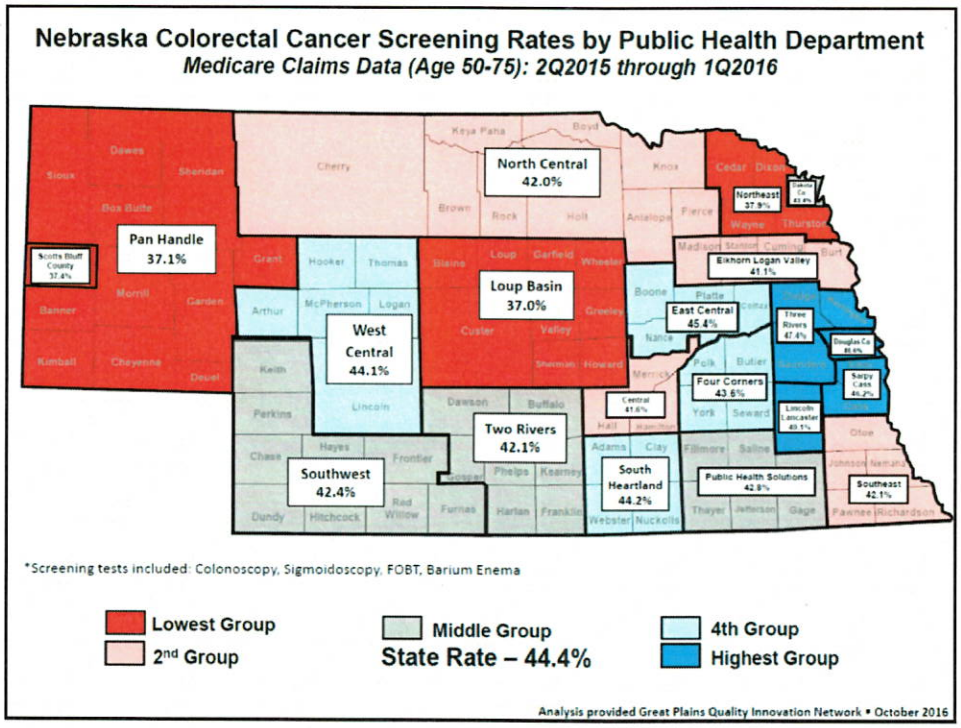

Nebraska Colorectal Cancer Screening Rates
Medicare Claims Data (Age 50-75): 2Q2015 through 1Q2016
Sioux 27.8%
Dawes 36.2%
Box Butte 32.4%
Sheridan 30.3%
Cherry 40.1%
Keya Paha 48.8%
Boyd 37.6%
Brown 38.0%
Rock 40.5%
Holt 45.3%
Knox 43.7%
Cedar 41.0%
Dixon 37.0%
Dakota 43.4%
Antelope 43.0%
Pierce 38.5%
Wayne 36.2%
Thurston 37.2%
Scotts Bluff 37.4%
Morrill 42.5%
Garden 43.2%
Grant 38.4%
Hooker 43.8%
Thomas 38.3%
Blaine 34.6%
Loup 31.3%
Garfield 33.8%
Wheeler 43.6%
Madison 41.1%
Stanton 37.0%
Cuming 39.8%
Burt 43.9%
Banner 41.0%
Arthur 46.3%
McPherson 40.0%
Logan 40.5%
Valley 36.7%
Greeley 42.2%
Boone 46.5%
Platte 45.6%
Colfax 46.9%
Dodge 49.6%
Washington 43.6%
Kimball 42.6%
Cheyenne 40.2%
Deuel 36.4%
Keith 45.2%
Lincoln 44.4%
Custer 37.0%
Sherman 38.2%
Howard 35.6%
Nance 38.2%
Merrick 44.2%
Polk 42.1%
Butler 47.1%
Saunders 46.2%
Douglas 46.6%
Sarpy 46.6%
Perkins 58.3%
Dawson 38.9%
Buffalo 44.2%
Hall 42.4%
Hamilton 34.7%
York 42.6%
Seward 43.3%
Lancaster 49.1%
Cass 44.5%
Otoe 44.2%
Chase 44.7%
Hayes 27.3%
Frontier 42.0%
Gosper 51.6%
Phelps 42.0%
Kearney 40.8%
Adams 42.9%
Clay 44.1%
Fillmore 43.4%
Saline 43.1%
Johnson 38.1%
Nemaha 42.3%
Dundy 40.5%
Hitchcock 41.4%
Red Willow 37.2%
Furnas 40.5%
Harlan 40.8%
Franklin 36.6%
Webster 44.9%
Nuckolls 50.4%
Thayer 43.3%
Jefferson 37.2%
Gage 44.5%
Pawnee 37.1%
Richardson 42.7%
*Screening tests included: Colonoscopy, Sigmoidoscopy, FOBT, Barium Enema
Lowest Group
2nd Group
Middle Group
State Rate – 44.4%
4th Group
Highest Group
Analysis provided Great Plains Quality Innovation Network • October 2016


Colonoscopy
BCBS
Cooportunities
BCBS
Medicare


Nebraska Colorectal Cancer Screening Rates by Public Health Department
Medicare Claims Data (Age 50-75): 2Q2015 through 1Q2016
Pan Handle 37.1%
North Central 42.0%
Loup Basin 37.0%
West Central 44.1%
Two Rivers 42.1%
Southwest 42.4%
South Heartland 44.2%
East Central 45.4%
Four Corners 43.6%
Public Health Solutions 42.8%
Northeast 37.9%
Elkhorn Logan Valley 41.1%
Southeast 42.1%
*Screening tests included: Colonoscopy, Sigmoidoscopy, FOBT, Barium Enema
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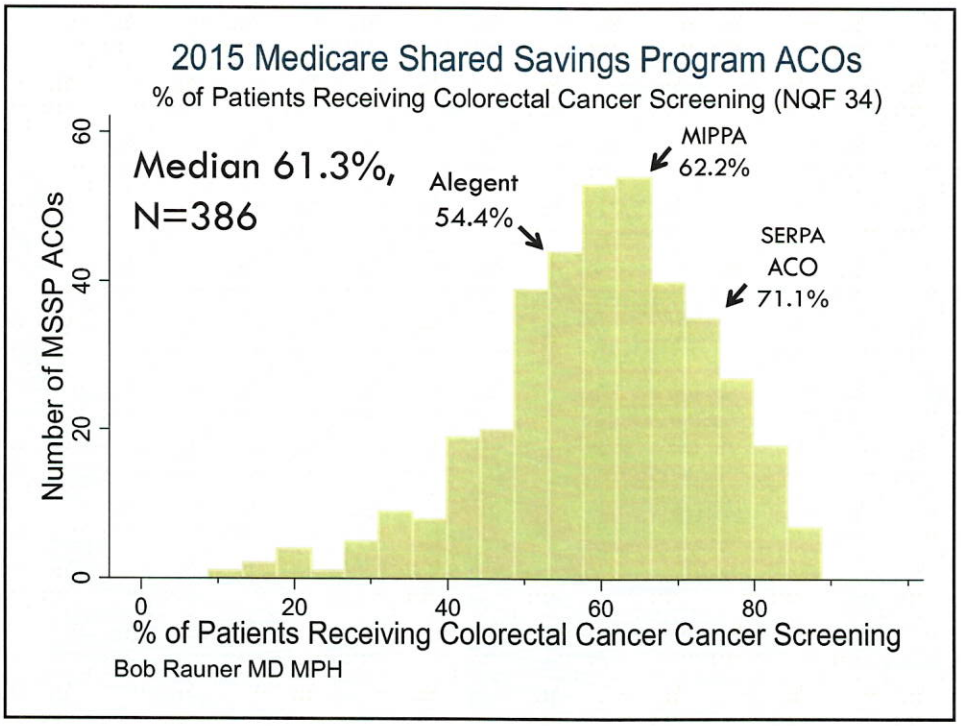
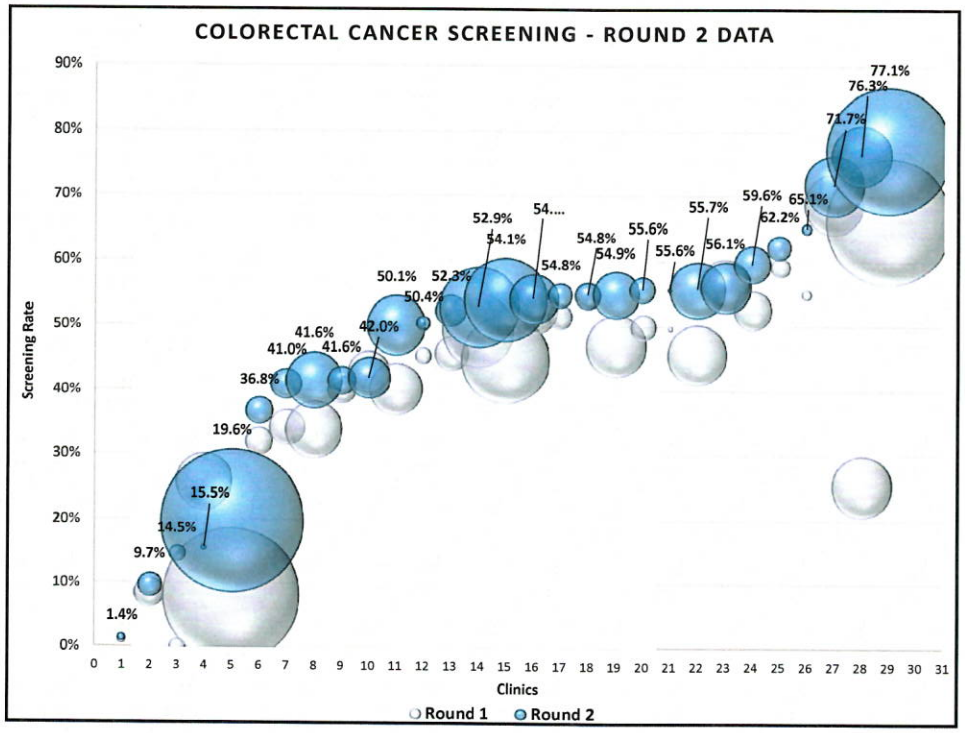
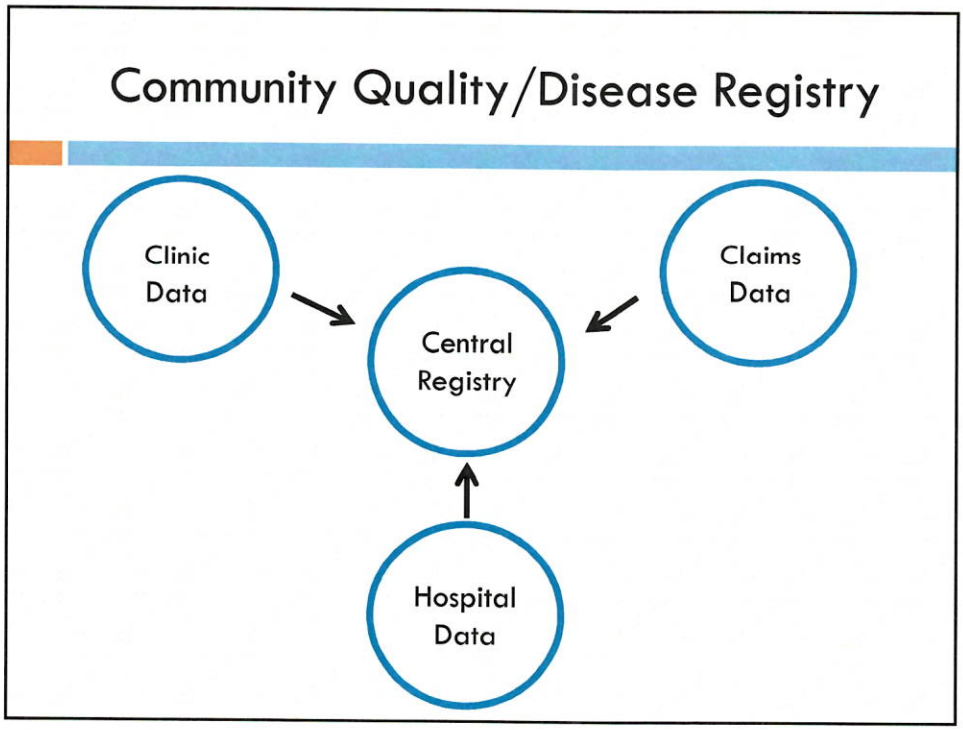

2015 Medicare Shared Savings Program ACOs
% of Patients Receiving Colorectal Cancer Screening (NQF 34)
Median 61.3%,
N=386
Alegent 54.4%
MIPPA 62.2%
SERPA ACO 71.1%
Number of MSSP ACOs
0
20
40
60
80
% of Patients Receiving Colorectal Cancer Cancer Screening
Bob Rauner MD MPH


COLORECTAL CANCER SCREENING - ROUND 2 DATA
Screening Rate
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Clinics
Round 1
Round 2
1.4%
9.7%
14.5%
15.5%
19.6%
36.8%
41.0%
41.6%
41.6%
42.0%
50.1%
50.4%
52.3%
52.9%
54.1%
54....
54.8%
54.8%
54.9%
55.6%
55.6%
55.7%
56.1%
59.6%
62.2%
65.1%
71.7%
76.3%
77.1%


Community Quality/Disease Registry
Clinic Data
Claims Data
Central Registry
Hospital Data

Big Picture

$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

Nebraska Needs a Home for the Patient-Centered Medical Home and a Multi-Payer Claims and Quality Registry

Questions?

Bob Rauner, MD, MPH
brauner@healthylincoln.org